



Michael O. Leavitt  
Governor  
Constance B. White  
Executive Director  
David E. Robinson  
Division Director

DEPARTMENT OF COMMERCE  
Division of Occupational & Professional Licensing

Heber M. Wells Building  
160 East 300 South  
P.O. Box 45805  
Salt Lake City, Utah 84145-0805  
(801) 530-6628

March 22, 1993

Office of Rehabilitation  
250 East 500 South  
Salt Lake City, Utah 84311

Dear Sir,

I appreciate your cooperation by assisting the division in identifying persons who apply for eligibility under your program who may not qualify for licensure under our statute. It would be a waste of resources to expend time and money to educate an individual who may not qualify for licensure because of a conviction of a crime or offense or other condition such as an addiction or drug abuse problem.

I have included a series of questions which applicants must answer as a part of the license application process. An applicant who responds with a "yes" answer must provide a written explanation and in some cases must be interviewed by the appropriate board to determine if the applicant is qualified for licensure. These same questions may be helpful for your use in screening your applicants. If an applicant responds positively to a question I would suggest that your agency contact the division to determine if the particular offense would bar the applicant from eventually obtaining licensure.

I have also enclosed a list of the professions licensed by the division and the appropriate names and phone numbers of the persons to contact should the need arise.

Sincerely,

David E. Robinson  
Director, Division of Occupational and Professional Licensing

encl: (1) qualifying questionnaire  
(2) list of professions licensed by the division

## APPENDIX 13-A1

We are currently in the process of changing the way we process licensee list requests. For now, please follow the steps outlined below to request a list of licensees. In the near future, you will be able to define and build a customized list directly on our website.

### Step 1- Define Your Unique Licensee List Request

Please review the list below titled "License Types" in order to identify those professions available for this service. When you submit your list request we will need to know those professions that you are interested in. Also, please specify any unique requirements that you may have, i.e., only needing licensee information for those in a specific area such as city or county, OR those issued within a specific period of time, etc.

### State of Utah Division of Occupational and Professional Licensing

#### License Types

**Accountancy**

C.P.A. Firm

Certified Public Accountant

**Acupuncture**

Acupuncturist

**Alternate Dispute Resolution Provider**

A D R P - Arbitrator

A D R P - Mediator

A D R P - Negotiator

**Architect**

Architect

**Athlete Agents**

Athlete Agent

**Building Inspector**

Combination Inspector

Limited Inspector

**Burglar Alarm**

Burglar Alarm Company

Burglar Alarm Company Agent

Temporary Burglar Alarm Company Agent

**Chiropractic**

Chiropractic Physician

Temporary Chiropractic Physician

**Contractor**

All Contractors

E100 General Engineering Contractor

B100 General Building Contractor

8100 Residential and Small Commercial Contractor

8200 Factory Built Housing Set-Up Contractor

1101 General Engineering Trades Instructor  
1102 General Building Trades Instructor  
1103 Electrical Trades Instructor  
1104 Plumbing Trades Instructor  
1105 Mechanical Trades Instructor  
S200 General Electrical Contractor  
S210 General Plumbing Contractor  
S220 Carpentry Contractor  
S230 Metal and Vinyl Siding Contractor  
S240 Glass and Glazing Contractor  
S250 Insulation Contractor  
S260 General Concrete Contractor  
S270 General Drywall, Stucco and Plastering Contractor  
S280 General Roofing Contractor  
S290 General Masonry Contractor  
S300 General Painting Contractor  
S310 Excavation and Grading Contractor  
S320 Steel Erection Contractor  
S330 Landscaping Contractor  
S340 Sheet Metal Contractor  
S350 HVAC Contractor  
S360 Refrigeration Contractor  
S370 Fire Suppression Systems Contractor  
S380 Swimming Pool and Spa Contractor  
S390 Sewer and Water Pipeline Contractor  
S400 Asphalt Paving Contractor  
S410 Pipeline and Conduit Contractor  
S420 General Fencing and Guardrail Contractor  
S430 Metal Firebox and Fuel Burning Stove Installer  
S440 Sign Installation Contractor  
S450 Mechanical Insulation Contractor  
S460 Wrecking and Demolition Contractor  
S470 Petroleum System Contractor  
S480 Piers and Foundations Contractor  
S490 Wood Flooring Contractor  
8101 Residential and Small Commercial Nonstructural Remodeling and Repair Contractor  
S201 Residential Electrical Contractor  
S211 Boiler Installation Contractor  
S212 Irrigation Sprinkling Contractor  
S213 Industrial Piping Contractor  
S214 Water Conditioning Equipment Contractor  
S215 Solar Energy Systems Contractor  
S216 Residential Sewer Connection and Septic Tank Contractor  
S217 Residential Plumbing Contractor  
S221 Cabinet and Millwork Installation Contractor  
S231 Raingutter Installation Contractor  
S261 Concrete Form Setting and Shoring Contractor

S262 Cement and Pressure Grouting Contractor  
S263 Cementations Coating Systems, Resurfacing & Sealing  
S271 Plastering and Stucco Contractor  
S272 Ceiling Grid Systems, Ceiling Tile and Panel Systems Contractor  
S273 Light-weight Metal and Non-bearing Wall Partitions Contractor  
S274 Drywall  
S281 Single Ply and Specialty Coating Contractor  
S282 Build-up Roofing Contractor  
S283 Shingle and Shake Roofing Contractor  
S284 Tile Roofing Contractor  
S285 Metal Roofing Contractor  
S291 Stone Masonry Contractor  
S292 Terrazzo Contractor  
S293 Marble, Tile and Ceramic Contractor  
S294 Cultured Marble Contractor  
S321 Steel Reinforcing Contractor  
S322 Metal Building Erection Contractor  
S323 Structural Stud Erection Contractor  
S351 Refrigerated Air Conditioning Contractor  
S352 Evaporative Cooling Contractor  
S353 Warm Air Heating Contractor  
S421 Residential Fencing Contractor  
S441 Non Electrical Outdoor Advertising Sign Contractor  
S491 Laminate Floor Contractor  
S500 Sports and Athletic Courts, Running Track, and Playground Installation Contractor

**Controlled Substance Precursor**

Controlled Substance Precursor Distributor  
Controlled Substance Precursor Purchaser

**Cosmetology**

Cosmetologist/Barber  
Cosmetologist/Barber Apprentice  
Cosmetologist/Barber Instructor  
Cosmetology/Barber School  
Electrologist  
Electrologist Instructor  
Electrology School  
Esthetician  
Esthetician Instructor  
Esthetics School  
Master Esthetician  
Nail Technician  
Nail Technology Instructor  
Nail Technology School

**Deception Detection**

Deception Detection Examiner  
Deception Detection Intern  
Dental

Dental Hygienist  
Dental Hygienist with Local Anesthesia  
Dentist Controlled Substance  
Dentist with Anesthesia Class I  
Dentist with Anesthesia Class II  
Dentist with Anesthesia Class III  
Dentist with Anesthesia Class IV  
**Dietitian**  
Certified Dietitian  
Temporary Certified Dietitian  
**Electrician**  
Apprentice Electrician  
Journeyman Electrician  
Master Electrician  
Residential Journeyman Electrician  
Residential Master Electrician  
**Engineer/Land Surveyor**  
Professional Engineer  
Professional Land Surveyor  
Professional Structural Engineer  
**Environmental Health Scientist**  
Environmental Health Scientist  
Environmental Health Scientist-in-Training  
**Factory Built Housing**  
Factory Built Housing Dealer  
Funeral Service  
Funeral Service Apprentice  
Funeral Service Director  
Funeral Service Establishment  
Genetic Counselor  
Genetic Counselor  
Temporary Genetic Counselor  
Health Care Assistant  
Health Care Assistant  
Health Facility Administrator  
Health Facility Administrator  
Temporary Health Facility Administrator  
Hearing Instrument  
Hearing Instrument Intern  
Hearing Instrument Specialist  
Landscape Architect  
Landscape Architect  
Marriage and Family Therapy  
Marriage and Family Therapist  
Marriage and Family Therapist-Temporary  
Massage  
Massage Apprentice

Massage Therapist  
 Naturopathic  
 Naturopath  
 Naturopath including Surgery/Obstetrics  
 Naturopathic Controlled Substance  
 Naturopathic Physician  
 Temporary Naturopathic Physician  
 Nurse  
 A.P.R.N. (Advance Practice Registered Nurse)  
 A.P.R.N. Controlled Substance  
 A. P. R. N. Intern  
 A.P.R.N.Intern without P.P.  
 A.P.R.N. without P.P.  
 C.N.M. (Certified Nurse Midwife) Controlled Substance  
 C. N. M. Intern  
 C.N.M. Intern without P.P.  
 C.R.N.A. (Certified Registered Nurse Anesthetist)  
 C.R.N.A. Controlled Substance  
 Certified Nurse Midwife  
 Certified Nurse Midwife without P.P.  
 LPN - Valid in Utah Only  
 LPN - Under Interstate Compact  
 Registered Nurse - Valid in Utah Only  
 RN - Under Interstate Compact  
 Temporary Registered Nurse  
 Temporary Licensed Practical Nurse  
 Occupational Therapy  
 Occupational Therapist  
 Occupational Therapy Assistant  
 Temporary Occupational Therapist  
 Temporary Occupational Therapy Assistant  
 Optometrist  
 Optometrist  
 Optometrist (Without Certification)  
 Optometrist Controlled Substance  
 Optometrist Diagnostic Only  
**Osteopathic Physician**  
 Osteopathic Controlled Substance  
 Osteopathic Physician and Surgeon  
**Pharmacy**  
 Analytical Laboratory  
 Animal Euthanasia Agency  
 Branch Pharmacy  
 Hospital Pharmacy  
 Institutional Pharmacy  
 Lethal Injection Use  
 Nuclear Pharmacy

Out-of-State Mail Order Pharmacy  
Pharmaceutical Administration Facility  
Pharmaceutical Dog Trainer  
Pharmaceutical Manufacturer  
Pharmaceutical Researcher  
Pharmaceutical Teaching Organization  
Pharmaceutical Wholesaler/Distributor  
Pharmacist  
Pharmacist - Preceptor  
Pharmacist Controlled Substance  
Pharmacy Controlled Substance  
Pharmacy Intern  
Pharmacy Technician  
Researcher Controlled Substance  
Retail Pharmacy  
Veterinary Pharmaceutical Outlet  
**Physical Therapist**  
Physical Therapist  
**Physician**  
Physician and Surgeon  
Physician/Surgeon Controlled Substance  
**Physician Assistant**  
Physician Assistant  
Physician Assistant Controlled Substance  
Temporary Physician Assistant  
**Plumber**  
Apprentice Plumber  
Journeyman Plumber  
Residential Apprentice Plumber  
Residential Journeyman Plumber  
**Podiatric Physician**  
Podiatric Physician  
Podiatric Physician Controlled Substance  
**Preneed**  
Pre-Need Provider  
Pre-Need Sales Agent  
**Private Probation Provider**  
Private Probation Provider  
**Professional Counselor**  
Professional Counselor  
Certified Professional Counselor Intern  
**Professional Employer Organization**  
Professional Employer Organization  
Psychologist  
Psychologist  
Psychology Resident  
Temporary Psychologist

Radiology  
 Radiology Practical Technician  
 Radiology Technologist  
 Temporary Radiology Practical Technician  
 Temporary Radiology Technologist  
 Recreational Therapy  
 Recreational Therapy - Master Specialist  
 Recreational Therapy - Specialist  
 Recreational Therapy - Technician  
 Temporary Recreational Therapy - Specialist  
 Respiratory Care  
 Respiratory Care Practitioner  
 Security  
 Armed Private Security Officer  
 Contract Security Company  
 Temporary Armed Private Security Officer  
 Temporary Unarmed Private Security Officer  
 Unarmed Private Security Officer  
 Shorthand Reporter  
 Certified Shorthand Reporter  
 Social **Work**  
 Certified Social Worker  
 Clinical Social Worker  
 Social Service Worker  
 Speech/Audiology  
 Audiologist  
 Speech Language Pathologist  
 Speech Pathologist & Audiologist  
 Substance Abuse Counselor  
 Licensed Substance Abuse Counselor  
 Temporary Licensed Substance Abuse Counselor  
 Veterinarian  
 Veterinarian  
 Veterinary Controlled Substance  
 Veterinary Intern

## **Step 2 - Pricing Information**

Customized Division of Occupational and Professional Licensing licensee lists are priced by record and include a minimum \$5.00 search fee. The \$5.00 search fee covers the first 200 records. If your list order exceeds 200 records, each additional record is \$.03. For example, if your list order contains 1,500 records, your list would cost approximately \$44.00.

200 = \$5.00  
 1,300 @ \$.03 = \$39.00



---

Total List Cost: \$44.00

### **Step 3 - Get Registered**

In order to purchase licensee data you will need to register with Utah.gov, the state of Utah's official Internet site. You can find more information at the following location: [www.utah.gov/registration/](http://www.utah.gov/registration/). The \$50 annual registration fee will be waived if you indicate under "Desired Service" that you are only interested in "Professional Licensee List."

### **Step 4 - Obtaining Your Licensee List**

Once we receive your Utah.gov network registration, your unique licensee list will be emailed to you in Microsoft Excel format within 2 to 4 days and will include the Full Name, License Number, Profession, License Type, Address Line 1, Address Line 2, City, State, Zip Code, County, Issue Date, & Expiration Date.

If you have any additional questions, please contact Division of Occupational and Professional Licensing at (801) 530-6628, (866) 275-3675 (toll-free in Utah only) or Utah Interactive at (801) 983-0275. You can also email your questions to [pete@utahinteractive.org](mailto:pete@utahinteractive.org)  
Thank you.

**QUALIFYING QUESTIONNAIRE**

**Yes    No**

1. Have you ever been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure?
2. Have you ever had a professional license of any type restricted, suspended or revoked?
3. Have you ever been disciplined in any way by any professional licensing board or medical society with respect to the violation of any laws, regulations, or ethical or professional standards?
4. Have you ever been denied a license or the right to take an examination for licensing by any state, province or country?
5. Has your employment as a nurse ever been terminated because of your professional action as a nurse?
6. Have you ever been convicted of or plead guilty to a misdemeanor or felony charge in any jurisdiction?
7. Have you ever been convicted of a violation of any state or federal controlled substance act or any drug or narcotic law?
8. Have you ever used any legend drug or controlled substance for other than therapeutic purposes in accordance with a prescription issued by a licensed physician prescribing to you after proper diagnosis?
9. Have you ever been dependent upon, addicted to or in anyway abused the use of any drug, controlled substance, alcohol, or chemical?
10. Have you ever been treated for excessive use, abuse, addiction or dependency upon alcohol, drugs, controlled substances or chemicals?
11. Are you now suffering from or have you ever suffered from any disability or illness, either physical or mental, which has in fact or might reasonably be expected to impair your ability to safely and competently practice as a nurse?
- 12- Are there now any pending investigations or charges concerning you related in any way to your license, practice of nursing professional ethics or standards, the use of drugs, or alcohol, or any other matter concerning your capability and suitability to practice as a nurse?
13. Have you ever applied for a license or received a license to practice as a nurse in any classification under any name other than that on this application?

If the answer to any of the above questions is YES, please endow with this application a full disclosure with respect to all circumstances and the final result, if such has been reached.

**PART III (to be completed by all applicants)**

## PERSONAL DATA

All applicants for licensure must complete the following section.

Have you ever been convicted or pled guilty to a felony or misdemeanor Yes No

Have you ever been denied the right to take an examination for licensing in any other state, or province or country? Yes No

Have you ever been called before any state or provincial licensing board for interrogation concerning say violation of the laws or regulations pertaining to the profession for which you are applying, or for unethical conduct? Yes No

Have you ever had a license to practice revoked, suspended, canceled or restricted? Yes No

Have you ever been disciplined in any way by any professional licensing board or association with respect to the violation of any laws, regulations, ethical or professional standards? Yes No

Have you ever been involved in any legal action in connection with your professional activities as a \_\_\_\_\_ Yes No

Have you ever been dependent upon, addicted to or in any way abused the use of any drug, controlled substance, alcohol or chemical? Yes  
No

Are you now suffering from or have you ever suffered from any disability or illness, either mental or physical, which has in fact or might reasonably be expected to impair your ability to safely and competently practice? Yes No

Have you ever been treated for excessive use, abuse, addiction or dependency upon alcohol, drugs, filled substances or chemicals? Yes No

Are there now any pending investigations or charges concerning you related in any way to your license, practice of cosmetology, professional ethics or standards? Yes No

If the answer to any of the above questions is YES, please enclose a letter giving details of the situation.

## APPENDIX 13-A3

**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
KEY TELEPHONE NUMBERS AND E-MAIL ADDRESSES**

The Area Code is (801)	
Main Switchboard	530-6628
Fax	530-6511
Investigations Fax	530-6301
To File a Complaint Concerning a Licensee or Unlicensed Practice	530-6274 <a href="mailto:vvanleeu@br.state.ut.us">vvanleeu@br.state.ut.us</a> 530-6250 <a href="mailto:akimmer@br.state.ut.us">akimmer@br.state.ut.us</a> 530-6504 <a href="mailto:jwoolf@br.state.ut.us">jwoolf@br.state.ut.us</a>
To Order an Application for Licensure	355-5009 <a href="#">Applications for Licensure</a>
To Schedule an Appointment for a Required Examination	355-5009
For Information About: Nurses Pharmacists, Pharmacy Technicians and Pharmacies Physician/Surgeons Psychologists	530-6733 530-6597 <a href="mailto:lpoe@br.state.ut.us">lpoe@br.state.ut.us</a> <a href="mailto:skimball@br.state.ut.us">skimball@br.state.ut.us</a>
For Information About: Acupuncturists Chiropractic Physicians Dentists and Dental Hygienists Health Care Assistants Naturopathic Physicians Osteopathic Physicians Physician Assistants Podiatric Physicians Veterinarians	530-6623 530-6633 <a href="mailto:dtjones@br.state.ut.us">dtjones@br.state.ut.us</a> <a href="mailto:tsalazar@br.state.ut.us">tsalazar@br.state.ut.us</a>
For Information About: Architects Dietitians Environmental Health Scientists Landscape Architects Occupational Therapists Optometrists Physical Therapists Professional Employer Organizations Professional Engineers and Professional Land Surveyors Radiology Technologists and Practical Technicians Recreational Therapists Respiratory Therapists Speech Language Pathologists and Audiologists	530-6551 530-6403 <a href="mailto:dfairhur@br.state.ut.us">dfairhur@br.state.ut.us</a> <a href="mailto:kmccall@br.state.ut.us">kmccall@br.state.ut.us</a>

For Information About: Contractors Electricians Plumbers	530-6159 530-6091 530-6436 <a href="mailto:ccottle@br.state.ut.us">ccottle@br.state.ut.us</a> <a href="mailto:kelkins@br.state.ut.us">kelkins@br.state.ut.us</a>
For Information About: <u>The Residence Lien Recovery Fund</u>	530-6104 <a href="mailto:ewebster@br.state.ut.us">ewebster@br.state.ut.us</a>
For Information About: Alternate Dispute Resolution Providers Certified Public Accountants and Firms Funeral Service Providers Marriage and Family Therapists Preneed Funeral Providers Professional Counselors Social Workers Substance Abuse Counselors	530-6162 530-6093 <a href="mailto:dsjones@br.state.ut.us">dsjones@br.state.ut.us</a> <a href="mailto:anaeglin@br.state.ut.us">anaeglin@br.state.ut.us</a>
For Information About: Building Code Commission Building Inspectors Factory Built Housing Dealers	530-6163 <a href="mailto:dsjones@br.state.ut.us">dsjones@br.state.ut.us</a> <a href="mailto:ssmalley@br.state.ut.us">ssmalley@br.state.ut.us</a>
For Information About: Burglar Alarm System Installers Boxing Commission Certified Shorthand Reporters Controlled Substance Precursors Cosmetologists/Barbers Deception Detection Operators Hearing Instrument Specialists Health Facility Administrators Massage Therapists Private Probation Providers Security Companies and Guards	530-6964 530-6634 <a href="mailto:cormond@br.state.ut.us">cormond@br.state.ut.us</a> <a href="mailto:msimon@br.state.ut.us">msimon@br.state.ut.us</a>
For Information About: <u>Medical Prelitigation Program</u>	530-6945 530-6990 <a href="mailto:abancrof@br.state.ut.us">abancrof@br.state.ut.us</a>
For Information About: <u>Utah Recovery Assistance Program (Diversion)</u>	530-6428 <a href="mailto:cwalton@br.state.ut.us">cwalton@br.state.ut.us</a> <a href="mailto:kgrimslev@br.state.ut.us">kgrimslev@br.state.ut.us</a>
For Information About: Controlled Substance Database	530-6220 <a href="mailto:msims@br.state.ut.us">msims@br.state.ut.us</a>

SUMMARY OF UTAH FUNCTIONAL ABILITY PROFILES

Functional ability profiles serve to define a person's physical, mental or emotional health in a way that can easily be related to issuing commercial, regular or limited driver licenses. This table shows in general the principle requirements for each level and may be used as a rough guide only. A full narrative description and table for each category are found in: Functional Ability in Driving: Guidelines for Physicians, which is available through the Utah Driver License Division.

PROFILE CATEGORIES (See Guidelines for additional sub-groups and details)

Profile Levels	A Diabetes & Metabolic Conditions	B Cardio-vascular	C Pulmonary	D Neurological	E Epilepsy Episodic Conditions	F Learning, Memory, etc.	G Psychiatric/Emotional Condition	H Alcohol & Other Drugs	I Visual Acuity a. 20/25 each Color OK b. Correct to 20/25 each Color OK b.	J Musculo-skeletal/Chronic Debility	K Functional Motor Impairment a.	L Hearing b.
1	No history of past or present impairment											
2	Past Impairment, full recovery, no medication											
3	Past Impairment, full recovery, no medication											

# Relationship of Functional Ability Profiles to Driving Responsibility or Limitation

Functional Ability Profile Level	Driving Risk/Responsibility, License Class or Limitations
1 through S	Driving of commercial vehicles, depending on individual profile category. Driving of private vehicles
6	Driving with speed limitations*
7	Driving wit speed and area limitations*
8	Driving with speed, area and time of day limitations*
9	Driving accompanied by licensed driver with limitations of speed and/or area and/or time of day limitations as recommended by physician*
10	Special driving limitations recommended by physician not covered above
11	Under evaluation - may or may not drive, according to circumstances as determined by director, with medical advice as appropriate
12	No driving

Restrictions and limitations vary from these standards somewhat in the Visual Acuity Category.

DEPARTMENT OF COMMERCE

Division of Real Estate

Heber M. Wells Building  
160 East 300 South/PO. Box 146711  
Phone (801) 530-6747  
Fax (801) 530-6749

Michael O. Leavitt  
Governor



State of Utah

Don Uchida  
Director  
State Office of Rehabilitation  
250 East 500 South  
Salt Lake City, Utah 84111

Re: Utah Statutory Standards for Licensure as a Real Estate Agent

Dear Director Uchida,

Every month applicants for a license as a real estate agent appear before the Real Estate Division and Commission at the Commission meeting, requesting the Division and Commission to grant them a license in spite of their criminal backgrounds. Occasionally, some of these applicants have received encouragement from the Office of Rehabilitation to apply for such a license.

While the Division and Commission emphasize that they must and do consider carefully and thoroughly the specific circumstances in each individual case, they nonetheless desire to communicate to your office that the Division and Commission have a statutory responsibility under Utah Code 61-2-6 (1), which governs the licensing of real estate agents, to "determine the honesty, integrity, truthfulness, reputation, and competency of each applicant for an initial license or for a renewal..." The burden, then, is upon the applicant to prove that they meet that standard.

The essential point is that the Division and Commission are unable to ensure or guarantee that clients of the Office of Rehabilitation, however well managed and prepared by that office, will be granted a real estate license. The statutory standard must be the overriding standard. We thought that such candidates ought to be apprised of this consideration.

Please call me at 530-6762 with any questions or comments you may have.

Sincerely,

Dexter L. Bell  
Real Estate  
Division

cc: Klare Bachman, Deputy Executive Director, Department of Commerce



03-23-93

### ON-THE-JOB-TRAINING POLICY

On-the-job-training (OJT), as a rehabilitation service, means a program of specific and organized training under actual conditions of employment where the rehabilitation client learns the skills and tasks necessary to do the job from his employer/trainer. The trainer must be able to do the job, relate positively to the trainee, fill out monthly progress reports, and submit monthly billing statements to the counselor. The training should be intensive at first and then fade out over a period of time as specified in the OJT agreement (an example of a completed Form USOR-84, OJT Agreement, is included in this chapter as Appendix 13-B1).

In OJT, the client is hired for the job and receives a wage from the employer. USOR pays the employer a training fee for the training services provided. The OJT fee, length and payment schedule are matters of negotiation and agreement between the counselor and employer. The training length and fees vary according to the skill level requirements of the job, the needs of the employer and client, etc. A trial OJT arrangement may be developed if this is in the best interests of the client and/or employer. In a trial OJT, the employer must provide worker insurance coverage and a wage to the client/trainee, similar to a regular OJT arrangement, and USOR pays a training fee.

In general, basic criteria for establishing an OJT arrangement/placement includes the following:

- A. An assessment which supports a specific vocational goal;
- B. Documentation of the counselor's justification of the OJT intermediate objective;
- C. An evaluation of the client's potential for training and/or placement;
- D. An inventory of the skills and tasks to be taught;
- E. A statement of the qualifications of the trainer; and
- F. An OJT agreement (Form USOR-84 revised 10/91) that is completed and signed by the employer, the client, and the rehabilitation counselor.

The counselor should also be prepared to provide the employer with information regarding other services that may be provided by the agency such as ADA, tax credits (TJTC), assistive technology, accessibility studies, etc., if these services can help facilitate a successful OJT arrangement.

The counselor should make every effort to utilize comparable services and benefits to fund OJT programs on behalf of the client. On-the-job-training is not intended to replace or eliminate other types of training programs available to counselors for rehabilitation clients. Care must be

taken, however, to avoid duplication of other training options available to the client. For example, it is not appropriate to authorize for SE/SJBT services while a client is on an OJT program if the job coach is also training the client at the job site.

Additional general guidelines for establishing OJT programs include the following:

A. Employer Eligibility

1. Insofar as the counselor is able to reasonably determine, employers should be established in the community and have a reputation of fair treatment of employees.
2. Employers must not be in violation of existing state and federal labor laws as verified by contact with the Industrial Commission.
3. Employers must be willing to pay wages to the client during his/her training program (minimum wage regulations will generally apply).
4. Employers must be willing to cover the client's social security, worker's compensation, or other appropriate insurance coverage, and fringe benefits normally provided to other employees.
5. Employers should be appropriately staffed and equipped to provide training and instruction as specified in the OJT Agreement (Form USOR-84, Rev. 10/91) and be willing to submit a monthly progress report (Form USOR-72, Rev. 10/91) on the client to the rehabilitation counselor.
6. Employers should demonstrate a sincere willingness to hire the client/trainee upon successful completion of the OJT program.

B. Trainee Wages and Benefits:

Clients participating in OJT programs will normally be paid a wage and provided fringe benefits commensurate with the entry level for the position or job for which they are being trained. Minimum wage requirements will generally apply. Special provisions and/or exceptions to this policy should be fully understood and agreed to by the employer, client, and counselor and must be reflected in the OJT Agreement. An exception to the minimum wage requirements, for example, may be made in the case of individuals who are so severely disabled that they are unable to engage in competitive employment. In these cases, counselors will follow Department of Labor regulations (DOL publications number 1297, and number 1316, Part 524).

C. Cost Code:

The cost code for costs associated with OJT programs is 326.

D. OJT Fees and Authorization Levels:

The OJT fee amounts and payment schedule is a matter of negotiation and agreement between the counselor and the employer. The training fee and schedule varies according

to the skill level requirements of the job and the needs of the employer and client. Currently counselors may authorize fees up to \$1500 per OJT plan and Supervising Counselors and District Directors are approved to authorize up to \$3,000 per OJT plan. OJT plans in excess of \$3,000 must be approved by a Field Service Director. (Consult Levels of Approval Authority - Appendix 12-A.)

E. Length of OJT Programs:

The time frame for an OJT program will be an item for discussion and negotiation between the counselor and employer. Factors to be considered include:

1. The level of skills necessary to meet entry level requirements of the job;
2. The amount of training and/or experience the client has upon entry into the OJT program; and
3. The capabilities and limitations of the client.

In general, OJT programs usually range from 3 to 6 months. An OJT program that exceeds 3 months should be approved by the Supervising Counselor/District Director, and OJT programs exceeding 6 months should be approved by the Field Service Director.

F. OJT Termination:

An OJT program can be terminated by the employer/trainer and counselor. Examples of rationale for terminating an OJT program include the client being ready to accept employment on a regular basis, the client being unable or unwilling to complete the program, or the employer being unable or unwilling to continue the program, etc. The reasons for the termination of the program should be documented in the case file.

G. Counselor Follow-up:

Counselors are responsible to periodically review their client's progress by means of job site visits and employer/trainer contacts. The trainer should submit monthly progress reports (Form USOR-72, Rev. 10/91) to the counselor. It is recommended that the counselor visit the OJT site as often as needed, with visits being made more often during the early stages of the program.

H. Equipment and Other Support Services:

USOR may provide equipment, tools, clothing, transportation, supplies, and other services necessary to the success of the OJT program for the client.

I. Case Documentation:

The case record should include all forms and correspondence relating to the client's OJT program. Documentation includes forms USOR-84, Rev. 10/91 and USOR-72, Rev. 10/91 (see Appendix 13-B1 and Appendix 13-B2 for examples of these forms), R-11's, letters, and other correspondence regarding the client's OJT performance and outcome. Form USOR-84 should be signed and dated by the employer, trainer, counselor, and

client. Form USOR-72 should be signed and dated by the employer/trainer and sent to the counselor at least monthly.

J. Client Responsibilities:

The client is responsible for contacting the counselor at least monthly while in an OJT program. Frequent and open communication have shown to facilitate the likelihood of a more positive OJT experience for both the client/trainee and employer/trainer. The client is also responsible for providing the counselor with information that reflects a change in his/her situation that may affect continued eligibility for participation in an OJT program.

K. BEP Program:

An exception to the agency OJT policy is the Business Enterprise Program (BEP) administered by the Division of Services for the Blind and Visually Impaired (DSBVI). In this program, on-the-job training for new blind vendors will cover a period of at least eight (8) weeks, rotated at two or three existing BEP facilities. This phase of the BEP training program will be arranged for by the client/trainee's rehabilitation in consultation with the BEP supervisor. The manager/trainer will receive an established weekly training fee paid by the Division of Services for the Visually Handicapped.

(Example of Completed form USOR-84, OJT Agreement)  
 USOR-84  
 (Rev. 10/91)

## UTAH STATE OFFICE OF REHABILITATION

\*OJT AGREEMENT

1. This OJT agreement specifies the services to be provided by the Employer and the Utah State Office of Rehabilitation (USOR) in establishing an on-the-job training program for:

John A. Smith  
 (Rehabilitation Client)

2. A. Employer's name: ABC Gidget Company  
 Address: 1234 South Zenith, SLC Phone: 567-9801  
 B. OJT Supervisor/trainer: Fred Zucker  
 C. Occupation for which trained: Drill Press Operator  
 D. DOT occupational code number (first 6 digits): 606362  
 E. Training dates: Beginning 10/1/91 Completion 12/31/91  
 F. No. of hours per week: 8 No. of weeks/months: 3 mos  
 G. Training schedule (please list dates, times and tasks):

Date/TimeSkills/Tasks to be taught:

10/1 to 10/31/91	Learn set-up instructions of numerically controlled press.
11/1 to 11/30/91	Actuate and monitor machine operations
12/1 to 12/31/91	Fully set-up and operate drill press

3. The employer will:

- A. Provide training for the client as outlined in number 2, above.  
 B. Pay trainee's wages as follows:\*

Example (\$500/month):

1st Month = \$500  
 2nd Month = \$500  
 etc.

(\*Note: the payment amount and schedule is established jointly by the counselor and employer/trainer.)

- C. Provide for Worker's Compensation or other insurance coverage.  
 D. Submit monthly written training progress reports (Form USOR-72) to Bill Johnson, Rehabilitation Counselor.  
 E. Submit billing to the counselor at the end of each month for reimbursement for training costs (for example, 100 hours OJT @ \$5.00 per hour = \$500).

\* Refer also, to CSM 13.8(B)(5) for an explanation of agency OJT policy and forms.

(continued)

USOR-72  
(Rev. 10/91)

Utah State Office of Rehabilitation

### ON-THE-JOB-TRAINING PROGRESS REPORT

Name of Client/Trainee: \_\_\_\_\_ Reporting Month: \_\_\_\_\_  
 Employer/Trainer: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position/Job: \_\_\_\_\_ DOT Code No. (6 digit) \_\_\_\_\_

Attendance: [ ] No Time Lost [ ] Other  
 Comments: \_\_\_\_\_

Punctuality: [ ] Satisfactory [ ] Other  
 Comments: \_\_\_\_\_

Appearance: [ ] Satisfactory [ ] Other  
 Comments: \_\_\_\_\_

Cooperation:  
 Supervisors: [ ] Satisfactory [ ] Other  
 Fellow Employees: [ ] Satisfactory [ ] Other  
 Comments: \_\_\_\_\_

#### Progress:

Quality of Work: [ ] Above Average [ ] Average [ ] Below Average

Quality of Work: [ ] Above Average [ ] Average [ ] Below Average

Comments: \_\_\_\_\_

Additional Comments (e.g., Problem Areas, Recommendations, Requests for Assistance, etc.): \_\_\_\_\_

Does trainee have the capacity to succeed in this work? Yes \_\_\_\_\_ No \_\_\_\_\_

At what rate is trainee being paid at this time? \$ \_\_\_\_\_ per \_\_\_\_\_

When will trainee be ready for employment (Date): \_\_\_\_\_

Today's Date \_\_\_\_\_

Signature: Employer/Trainer or Supervisor \_\_\_\_\_

Please mail this report to (Counselor name & address):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



1. File of first client (white copy)
2. Notification of availability to Able Data if equipment is A.T. device 1-800-333 UTAH (canary copy)
3. To stay with equipment from time of retrieval until reissue, then to file of client equipment reissued to (pink copy)
4. To Able Data at time of reissue, if equipment was A.T. device (goldenrod copy)





First Digit - Client Status

- 1 - Status 02
- 2 - Status 06
- 3 - Status 10 - 24
- 4 - Status 32

Second, third and fourth digits

Type of goods or service

Diagnostic and Evaluation Procedures

(To include written report)

- 100 General Medical - Includes necessary lab studies
- 101 Medical Specialist - including lab - also  
ophthamological evaluation
- 102 Diagnostic Radiology - X-Rays, Cat Scans, MRI,  
etc.
- 103 Fees for Medical Records
- 104 Hospitalization (Diagnostic only inpatient and  
outpatient)
- 105 Dental Exams - including x-rays
- 106 Eye examination for glasses by optometrist (OD)
- 107 Hearing Aid Evaluations and Audiograms
- 125 Psychiatric Evaluation including drugs
- 126 Psychological Evaluation (By licensed  
psychologist)
- 127 LD Evaluation
- 128 Other psychometric testing for screening or  
placement
- 135 Vocational Evaluation (include personnel  
adjustment, pre-vocational and work adjustment  
evaluation)
- 136 Skill Center Testing
- 137 SE/SJBT Evaluation
- 150 Seating and Positioning Evaluations
- 151 Mobility Evaluation (walkers, canes)
- 152 Vehicle Modification Evaluation (van lifts, trunk  
lifts, hand controls)
- 153 Augmentative Communication Evaluation
- 154 Environmental Control Systems Evaluation
- 155 Computer Access Evaluation
- 156 Driving Capabilities and Evaluation
- 157 Job Site Modification Evaluation
- 158 Home Site Modification Evaluation
- 159 Aids to Daily Living Evaluation
- 160 Prosthetics and Orthotics Evaluation
- 175 Transportation for diagnosis only (may include  
attendant)
- 176 Maintenance for diagnosis only (may include  
attendant)
- 199 Other miscellaneous diagnostic and evaluation  
service not covered above (describe in  
authorization)

Physical and Mental Restoration Services

- 200 Medical - includes management, lab work
- 201 Short term medical care for acute conditions -  
Intercurrent illness - doctor, clinic, hospital,  
drugs, supplies, nursing services, prescriptions,  
etc.
- 202 Social Work Services - by LCSWs

- 203 Outpatient prescriptions
- 204 Psychiatric Treatment - includes drugs, electro  
shock, etc.
- 205 Psychological Counseling (includes  
psychotherapeutic interviewing, individual &  
group) by licensed psychologist
- 206 Psychiatric Nursing Services - by Licensed  
Psychiatric Nurse Specialist
- 207 Marital and Family Therapy
- 208 Dental - includes x-rays, extractions and  
treatment, but not dentures
- 209 Physical therapy (medically directed)
- 210 Occupational therapy (medically directed)
- 211 Speech therapy (medically directed)
- 212 Hearing therapy (medically directed)
- 213 Surgical - includes operations, drugs, supplies,  
assistant physicians, etc.
- 214 Anesthesia - anesthesiologist fees
- 215 Hospitalization (Payments to hospital for costs of  
inpatient and outpatient hospital services in  
connection with medical or surgical treatment,  
includes necessary ambulance service
- 216 Convalescent or nursing home services (Payment  
to convalescent or nursing home for care of clients  
including room, board, nursing home care and  
other services provided by the facility, includes  
necessary ambulance service.)
- 217 Nursing service (Payments to individual  
organization for nursing services provided to the  
client in his own home or to hospitals or related  
facilities for special nursing services rendered to  
the client during his hospital stay or not included  
in the bill.)
- 218 Transportation for restoration and ambulance  
services
- 219 Licensed professional counselor
- 299 Other restoration services/specify in authorization

Training and Training Materials

- 300 University of Utah (Tuition, fees, vehicle  
registration, student teaching and graduation  
fees)
- 301 Books and Supplies, University of Utah
- 302 Utah State University (Tuition and Fees)
- 303 Books and Supplies, Utah State University
- 304 Weber State University (Tuition, fees, vehicle  
registration)
- 305 Books and Supplies - Weber State University
- 306 Southern Utah University (Tuition and Fees)
- 307 Books and Supplies, Southern Utah University
- 308 Salt Lake Community College (Tuition, Fees and  
Parking)
- 309 Books and Supplies - Salt Lake Community  
College (USOR-53 required on issue of training  
tools)
- 310 Utah Valley Community College - Tuition fees  
and parking

311	Books and Supplies - Utah Valley Community College (USOR - 53 required on issue of training tools)
312	College of Eastern Utah - Tuition and fees
313	Books and Supplies - College of Eastern Utah
318	Brigham Young University - Tuition, fees, vehicle registration
319	Books and Supplies - Brigham Young University
320	Other Colleges and Universities (e.g. Westminster, Gallaudet, University of Phoenix) in and out of State - Tuition, fees, books and supplies
321	Barber Schools - all charges including examination fees - excluding SLCC
322	Beauty Schools - all charges including examination fees.
323	State vocational training institutions includes Utah College of Applied Technology, skills centers (all charges).
324	Private vocational training schools and programs - in and out of state, all charges.
325	Business Course Schools and Business Colleges - in and out of State - all charges
326	On-the-Job and Apprenticeship training
327	Community Rehabilitation Program (CRP) based skill training (Work adjust, personal adjust, etc.) (e.g. Cache Industries, Enable Industries, Columbus Community Center, etc.)
328	Supported Employment, (SE fees) excluding pre-placement fees
330	Supported Job Based Training (SJBT) fees - excluding pre-placement fees
331	Job Coach fees (for rare occasions where case is <u>not</u> SE or SJBT but job coach is needed)
332	Other Academic - High School - Adult basic education -Adult High School Completion - GED Training
333	Correspondence Course and Home Study
334	Tutoring or miscellaneous training, not elsewhere classified, by individual or commercial centers, etc. to include drivers education
335	Miscellaneous supplies not purchased at training institutions such as uniforms, nurses watches, nursing shoes, safety goggles, welding gloves, etc.
336	Equipment and machine rental fees
337	Computer and software, for training
338	Assistive Device Training
339	IL Skill Training
340	Pre-placement fee - Supported Employment
342	Pre-placement fee - Supported Job Base Training (SJBT)
399	Other Training not listed

#### Maintenance and Transportation Services

400	Maintenance for additional costs incurred while in VR program
401	Transportation, including gasoline (Public and private conveyance, except 175 above).
402	Auto repairs, tires, batteries, etc.
403	Relocation and moving expenses, family and household goods.

#### Telecommunications, Sensory and other Assistive Technology

500	Artificial limbs
-----	------------------

314	Snow College - Tuition and Fees
315	Books and Supplies - Snow College
316	Dixie College - Tuition and Fees
317	Books and supplies - Dixie College
501	Braces - body braces, long or short leg braces, etc.
502	Hearing aids, including ear molds, batteries, cords, hearing aid glasses
503	TTD's
504	Augmentative communication devices i.e. speech boards, talkers, COM-TEK and captioning devices, etc.
505	Computers used as an assistive devices (other computers see - 337)
506	Glasses and contact lenses
507	Optical aids
508	Prosthetic or orthotics
509	Surgical appliances
510	Wheelchairs - manual
511	Wheelchair - power including 3 or 4 wheel carts
512	Wheelchair accessories including wheelchair batteries, chargers, etc.
513	Lifts, includes porch lifts, elevators, stair glides, and ramps
514	Mobility aids (canes, crutches, walkers)
515	Environmental Control Systems
516	Vehicle Aids (van lifts, trunk lifts, hand controls)
517	Aids to Daily Living
518	Dentures and obturator etc, rendered as a service not bid items - includes denture relining and repairs
519	Assistive Technology Maintenance
520	Assistive Technology Repairs
521	Assistive Technology Customization/Fabrication/Design
522	Assistive Technology Training/Technical Assistance
523	Job Site Modification
524	Home Modification
525	Assistive Technology set up and installation
599	Other Assistive Technology not otherwise listed

#### Interpreter Services

600	Interpreter/translator services, foreign language
601	Interpreter for the Deaf/Hearing Impaired
602	Tactile Interpreting for Blind/Deaf

#### Services to other Family Members

700	Diagnostic services
701	Medical
702	Surgical
703	Psychiatric
704	Psychological counseling
705	Maintenance
706	Transportation
707	Intercurrent illness for acute conditions
708	Child care or attendant service
799	Other - Specify in authorization

#### Other Goods and Services

800	Tools, requires DRS Form 53
801	Equipment
802	Initial Stock, Merchandise and Supplies, Including Livestock

<b>803</b>	<b>Occupational, Trade Licenses and/or Business Licenses</b>	<b>808</b>	<b>Training Incentive Allowance</b>
<b>804</b>	<b>Personal Assistance Services</b>	<b>809</b>	<b>Advertising, Self-Proprietorship and Small Business Only</b>
<b>805</b>	<b>Reader Services for the Blind</b>	<b>810</b>	<b>Recruitment and Placement Services</b>
<b>806</b>	<b>Note Taking Services</b>	<b>812</b>	<b>Computer and Computer Related Equipment</b>
<b>807</b>	<b>Orientation and Mobility</b>	<b>899</b>	<b>Other</b>

<b>USOR 80A</b> <b>(Rev. 11/99)</b>		Computers, self-proprietorship	812
		Convalescent Care	216
<b>Alphabetical Listing of Case Service Control Codes By Service</b>		Correspondence Courses	333
		Crutches	514
<b>Please consult USOR 80 or Chapter 13 for complete description, restrictions, etc.</b>			
<b>A</b>			<b>APPENDIX 13-D1</b>
ACT Testing	128		
Acute Medical Care			
	201		
Adult Basic Education	332		
Adult High School			
	332		
Advertising	809		
Anesthesia	214		
Utah College of Applied Technology, all charges	323	Dental treatment	208
Appraisal Service			
	522	Dental Exams	105
Apprenticeship training	326	Denture relining	518
Artificial eyes	508		
Artificial Limbs		Dentures	
	500		518
Attendant Service for Other Family Members (O.F.M.)	708	Diagnostic Service - (O.F.M)	700
Attendant Service		Dixie College - books & supplies	317
	804	Dixie College - tuition & fees	316
		Drivers Education	334
Audiogram	107	Drivers Hand Controls	516
Auto Repair	402	Driver's License	803
<b>B</b>		<b>E</b>	
Barber Schools (Except SLCC)	321	Ear Molds	502
Batteries, Auto	402	Equipment, placement	801
Batteries, Hearing Aid	502	Eye Exams <b>(See USOR 80)</b>	101 - 106
Batteries, Wheelchair	512		
Beauty Schools		<b>F</b>	
Body Braces	501	Food	400
Books & Supplies - see institution			
Braces, Dental	518	<b>G</b>	
Business Colleges and Schools (in and out of state - all charges)	325	Gallaudet - all fees	320
BYU - books & supplies			
	319	Gasoline	401
BYU - tuition & fees	318		
<b>C</b>		General Medical Exam	100
Canes	514	Glasses	506
Child Care	708	Groceries	
Clothing - not uniforms	400		
College of Eastern Utah-books&supplies	313		400
College of Eastern Utah - tuition & fees	312		
Columbus Community Center	327	<b>H</b>	
Computers, training		Hand Controls	516
	337	Handi-Trans <b>(See USOR-80)</b>	175 - 401
Computers, as assistive device	505		

Hearing Aid Evaluation	107	On the Job Training (OJT)	326
Hearing Aid Glasses		Optical Aids	507
	502	Orthopedic Shoes	
Hearing Aids	502		508
Hearing Therapy		Other Academic	
	212		332
High School	332	Other Colleges & Universities	
Home Study	333	In and Out-of-State All Fees	320
Hospitalization, Diag.	104	Other Goods and Services	899
Hospitalization, Treatment	215	Other Physical Restoration	299
		Other Service (O.F.M)	799
<b>I</b>			
Initial Stock	802	<b>P</b>	
Intercurrent Illness (O.F.M.)	707		327
Interpreter Services ( <b>See USOR-80</b> )	600, 601 or 602		804
		Physical Therapy	209
<b>L</b>			
Lab Work Diagnostic	101	Pre-placement fee –	
Lab Work Treatment	200	Supported Employment	340
LD Testing	127		
LD Tutoring	334	Pre-placement fee - Supported Job	
Leg Braces	501	Based Training (SJBT)	342
Licensed Clinical Social Worker	202	Prescription, out-patient	203
Licensed Professional Counselor	219	Private Vocational Schools	
Licensed Psychiatric Nurse	206	All Charges - In or Out-Of-State	324
Licenses -		Prosthetic	508
Occupational, Trade, Business, Etc.	803	Psychiatric Treatment	204
Livestock		Psychiatric Treatment (O.F.M.)	703
		Psychiatric Evaluation	125
	802	Psychological Counseling, Client	205
		Psychological Counseling (O.F.M.)	704
		Psychometric Testing	128
<b>M</b>			
Machine Rental		<b>R</b>	
	336		805
			403
Maintenance, Client	400	Reader Service for the Blind	
	176	Relocation Expenses	
Maintenance, Diagnostic		Remedial Reading	334
Maintenance, (O.F.M.)	705		
Medical Records		Rent	400
	103	Rental, Machines	
Medical Specialist Exam	101		336
Medical Services, Client	200	Repairs to Prosthetic - Appliances and	
Medical Services, (O.F.M.)	701	assistive Devices	520
Merchandise, Initial Stock	802	<b>S</b>	
Misc. Supplies not purchased at training			
Institution	335		335
Moving Expenses	403	Safety Goggles	
		Salt Lake Community College -	
		books & supplies	309
<b>N</b>			
Nursing Home Services	216	Salt Lake Community College -	
Nursing Services		tuition & fees	308
	217	Shoes, Nursing	335
		Short Term Medical Care	201
		SJBT Vendors	330
		Skills Center - testing	136
		Skill Center - tuition	
<b>O</b>			
Occupational Therapy	210		323

Snow College - books & supplies	315	Vocational Adjustment Training	327
Snow College - tuition & fees	314	Vocational Evaluation	135
Southern Utah State College - books & supplies	307	<b>W</b>	
Southern Utah State College - tuition & fees	306	Watches, Nurses	335
Speech Therapy	211	Weber State University -books&supplies	305
Supplies, Initial Stock	802	Weber State University - tuition & fees	304
Supported Employment Vendors	328	Welding Helmet, Gloves, etc.	335
Surgery, Client	213	Westminster College - All Fees	320
Surgery, (O.F.M.)	702	Wheelchairs, manual and power	510 or 511
Surgical Appliances	509	<b>(See USOR-80)</b>	
		Work Adjustment Evaluation	135
		<b>X</b>	
<b>T</b>		X-Rays Diagnostic	102
Taxi	401	X-Rays Treatment	201
TDD's and other Assistive Devices for Deaf <b>(See USOR-80)</b>	503		
	or 504		
Tires	402		
Tools	800		
Trade Schools- In and Out-of-State All Trades <b>(See USOR-80)</b>	321		
	- 324		
Training Incentive Allowance	808		
Translator Services	600		
Transportation	401		
Transportation Diagnostic	175		
Transportation (O.F.M.)	706		
Truck Driver Training	324		
	- 334		
Tutoring	334		
Typewriter Rental	336		
<b>U</b>			
Uniforms	335		
University of Phoenix - All Fees	320		
University of Utah - books & supplies	301		
University of Utah - tuition & fees	300		
Utah State University - books & supplies	303		
Utah State University - tuition & fees	302		
Utah Valley Community College – books & supplies	311		
Utah Valley Community College - tuition, fees and parking	310		
Van Service Transportation	401		



**UTAH STATE OFFICE OF REHABILITATION  
VOCATIONAL REHABILITATION PROGRAM  
SIGN LANGUAGE INTERPRETING SERVICES PROCEDURES**

**Authorizing for Sign Language Interpreters Services**

Counselors shall authorize for State of Utah certified sign language interpreters only. An interpreter who has been granted a provisional permit by the Division of Services for the Deaf and Hard of Hearing director of certification may be authorized for only when there is no certified interpreter available.

The counselor shall ensure that the interpreter providing the service is at a level of certification that is appropriate for the assignment (see Utah State Board of Education Interpreter for the Deaf Certification Policy and Procedure Manual).

**Fees**

Interpreter services may be authorized up to \$20.00 per one hour assignment. If team interpreting is approved it may be authorized up to \$20.00 per hour per interpreter.

**Team Interpreting**

Approval for team interpreting shall be approved at the district director or program supervisor level. The approving authority may request a staffing to review the circumstances of the request for team interpreting. The district director or program supervisor shall approve or disapprove the team interpreting request based on the following circumstances:

1.     Time  
Appointments where the interpreter will be interpreting for 2 or more hours.
2.     Complexity  
Appointments where the communication is considered to be highly complex and may require specialized language (i.e. upper division classes, graduate classes, situations with specialized vocabulary).
3.     Control of Communication  
Appointments where the situation allows the interpreter no or little control of time by being simultaneous, such as group and platform situations. Frozen, formal, or intimate register may be used.
4.     Intensity of Subject Matter  
Appointments where the situation for which the interpreter services are needed is considered highly sensitive, such as an emergency setting or a situation that could seriously impact the individual's well-being or life.

**Interpreter Breaks**

The counselor authorizing for the service shall inform the institution organization or individual using the service that a 10-15 minute break is required after every hour of interpreting.



**UTAH STATE OFFICE OF REHABILITATION  
INTERPRETER FEE GUIDELINES FOR THE DEAF**

**Certificate Level**

Level III	up to \$20.00
Level II	up to \$15.00
Level I	up to \$10.00
Provisional	up to \$8.00

Counselors may authorize to State of Utah certified interpreters for the deaf only. A provisional certified interpreter may only be authorized for when there is no certified interpreter available.

The counselor shall ensure that the interpreter providing the service is at a level of certification that is appropriate for the assignment (see Utah State Board of Education Interpreter for the Deaf Certification Policy and Procedure Manual.)

UTAH STATE OFFICE OF REHABILITATION  
Division of Rehabilitation Services

CASE SERVICE MEMO 92-15

TO: Case Service Staff  
FROM: Michael McDonald  
SUBJECT: No-Show Fee for Interpreting Services  
DATE: August 4, 1992

The following No-Show policy for interpreting services has been approved. It is effective as of this date.

NO SHOW DEFINED:

No show is when a client fails to appear for a scheduled appointment or class for which an interpreter had been previously arranged for the client and the client does not notify USOR, the Interpreter Coordinator, or the interpreter in sufficient time for the interpreter to make other plans. (Sufficient time being established as at least one day prior to assignment.) If the interpreter is notified in sufficient time, no payment will be made.

SHORT TERM ASSIGNMENT:

If the client fails to make a scheduled appointment in which interpreting services were provided, USOR will pay a no show fee as follows per day:

\*For an assignment of four hours and under in which the client did not show for the assignment, the interpreter will be paid for one hour.

\*If the assignment is four hours or more per day, the interpreter will be compensated for two hours of interpreting services.

The interpreter will notify either the Division of Rehabilitation Services, if they are free-lance, or the Division of the Deaf and Hear of Hearing, who will then contact the Rehabilitation Counselor. Only one no show will be paid for short term assignments.

LONG TERM  
ASSIGNMENT:

If the client fails to make scheduled appointments in which interpreting services were to be provided, USOR will pay a no-show fee as follows:

USOR will pay for only three no-shows per semester and two per quarter. The interpreter will be paid for one hour for these no shows.

- After three no-shows per semester and two per quarter, USOR will no longer pay for any no-shows for this client.

Interpreters will notify the Interpreter Coordinator or the Rehabilitation Counselor of no-shows.

/jc

## **APPENDIX 13-H**

### **MEMORANDUM**

**TO:** Case Service Staff

**FROM:** JeNeal Shaw

**SUBJECT:** Wheelchair Contracts

**DATE:** December 16, 1998

Attached are contracts for the purchase of wheelchairs and wheelchair seating systems and accessories.

Remember, when purchasing wheelchairs, an evaluation should be performed by an OT or PT who has wheelchair/seating positioning experience.

I have attached a copy of the recommended wheelchair assessment description and fee proposal. These are fees that have been agreed on by OTs and PTs and rehab centers. If you can get the service for less, do it. Just be sure the assessment includes the follow-up visit to assure that the wheelchair is the one recommended and that it fits properly.

Also, one of the wheelchair contract vendors must be present to assist and provide trial equipment during the evaluation. You may use any vendor that is listed for that particular contract. The bid is prepared and sent to the counselor who then prepares the authorization and sends it to that vendor for the bid price.

When the bill is received, it is paid on a DF-50 (warrant request).

If there are any problems with any of the vendors, please note these in writing and forward them to me so that corrective action can be taken.

## RECOMMENDED FEE SCHEDULE FOR SEATING AND POSITIONING AND WHEELCHAIR ASSESSMENTS

**LEVEL I** Basic wheelchair and seating assessment to include seat and back height, width, depth and type -- also requirements for foot and arm rests including type. This assessment is for those who have successfully used a wheelchair in the past or those who need a standard manual wheelchair or three wheel scooter.

**FEE: \$100.00**

**LEVEL 11** Thorough wheelchair seating and positioning assessment. This assessment may include the need for custom seating, head rests, lateral supports, recline systems or stand-up or elevating wheelchairs.

**FEE: \$200.00**

**LEVEL III** Includes Level 11 assessment with the need to consider sophisticated electronic interfaces for environmental control, computer access, communication devices, etc.

**FEE: \$300.00**

**ALL ASSESSMENTS TO INCLUDE:** Written report of initial assessment and prescription Follow-up visit for adjustments and to assure that prescription has been satisfactorily filled by the medical equipment supplier Brief follow-up report stating that equipment is as prescribed

In order to facilitate the above it is required that the medical equipment supplier be present at all assessments.

# STATE OF UTAH DIVISION OF PURCHASING STATEWIDE CONTRACTS

[HOME](#) [RETURN TO CONTRACT SEARCH](#)

## STATEWIDE CONTRACTS AS OF 11/5/2003

WHERE ( ((DESCRIPTION LIKE '%WHEELCHAIRS%') OR (KEYWORDS LIKE '%WHEELCHAIRS%')) )

ID	DESCRIPTION	VENDOR NAME	EXPIRATIONDATE	CONTRACT	VENDOR'S WEB SITE
MA1314	WHEELCHAIRS AND ACCESSORIES (EXCLUDING POV'S)	MAGIC REST PRODUCTS	3/31/2004	<a href="#">MA1314.PDF</a>	
MA1315	WHEELCHAIRS AND ACCESSORIES (EXCLUDING POV'S)	MEDSOURCE INC	3/31/2004	<a href="#">MA1315.PDF</a>	
MA1316	WHEELCHAIRS AND ACCESSORIES (EXCLUDING POV'S)	REHABILITATION EQUIPMENT SPECIALISTS	3/31/2004	<a href="#">MA1316.PDF</a>	
MA1317	POWER OPERATED VEHICLES (POV'S)	MEDSOURCE INC	3/31/2004	<a href="#">MA1317.PDF</a>	
MA1318	POWER OPERATED VEHICLES (POV'S)	REHABILITATION EQUIPMENT SPECIALITS	3/31/2004	<a href="#">MA1318.PDF</a>	
MA1319	POWER OPERATED VEHICLES (POV'S)	PRAXAIR HEALTHCARE SERVICES	3/31/2004	<a href="#">MA1319.PDF</a>	<a href="http://www.iwhm.com">HTTP://WWW.IWHM.COM</a>

## Appendix 13-I



Physical Disabilities Services  
Nurse Coordinator  
Division of Services for People with Disabilities  
(DS PD)  
120 North 200 West Room 411  
Salt Lake City UT 84103  
(801) 538-4200  
(801) 538-4192 (TTY)  
(801) 538-4279 (FAX)

**DISABILITIES  
SERVICES**

# **PERSONAL ASSISTANCE SERVICES**

## **What is Personal Assistance?**

Physical Disabilities Services includes two programs. The first is the Personal Assistance Services (PAS) and the second is the Physical Disabilities Waiver (PDW). Both programs are designed to assist people with physical disabilities by providing assistance to purchase attendant care. Attendant Care includes such things as dressing, grooming, transfers, bathing, eating and other incidental activities of daily living.

Each person receiving services through either program is responsible for hiring, training, and supervising their own attendant(s). Both Physical Disabilities Service Programs are administered through the Utah Department of Human Services, Division of Services for People with Disabilities.

The PAS Program began as a pilot project in 1985 with funding from the Utah State Legislature. Since that time, the program has received additional funding to serve more individuals.

The Federal government has approved a Physical Disabilities Waiver. This waiver allows for a substantial increase in the number of consumers to be served. The PDW program can allow individuals, who previously did not qualify for Medicaid, to

qualify under the Waiver.

Both of these programs are designed to allow people to remain living at home and obtain or maintain gainful employment thus enjoying a higher quality of life.

## **How is eligibility determined?**

In order to be eligible for Physical Disabilities Services applicants must:

1. Be eighteen (18) years of age or older.
2. Have a documented physical disability resulting in the functional loss of two (2) or more limbs to the extent that the assistance of another person is required to accomplish personal care.
3. Be medically stable.
4. Be capable of managing attendant activities including hiring, training and supervising employees.
5. Require at least fourteen (14) hours a week of personal assistance.
6. Have at least one personal attendant trained or willing to be trained and available to provide services.

## **Additional requirements for the Physical Disabilities Waiver (PDW)**

1. Meet nursing facility level of care.
2. **Qualify for Medicaid under the Waiver**

## **How do I apply?**

Complete the one (1) page, two (2) sided Physical Disabilities Application. One (1) side must be completed by the physician.

If you are determined eligible and no funding is available, your name will be placed on a waiting list and prioritized by need.

You may petition the Physical Disabilities Services Committee for higher priority on the waiting list based on urgent or extreme need.

## **How may I use Physical Disability benefits?**

Physical Disability benefits may be used to purchase the following:

1. Attendant care.
2. Personal Emergency Response Services
3. Consumer Preparation Services
4. Case Management liaison services.
5. Nurse Case Management.

The Physical Disabilities Services Programs are designed to enable people to maximize their independence in a flexible and non-intrusive manner. For further information or to obtain an application, see the back of this brochure.



## Application for Physical Disabilities Services

### Personal Data

Name:		Date of Birth:	
Address:		City:	State:
Social Security #:		Home Phone:( )- ( Work Phone:( )-	
Present living situation: <input type="radio"/> House <input type="radio"/> Apartment <input type="radio"/> Group home <input type="radio"/> Nursing home			
<input type="radio"/> Other (explain):			

### Description of Disabling Condition

Nature of disability:	
Is this condition: <input type="radio"/> Temporary or <input type="radio"/> Permanent	
Date of onset:	
If temporary, please clarify as to duration:	
Do you have a Medicaid Card? <input type="radio"/> Yes <input type="radio"/> No	What is your monthly income? \$
Are you eighteen (18) years of age or older? <input type="radio"/> Yes <input type="radio"/> No	
Do you require the assistance of another person to accomplish activities of daily living due to a functional loss of two (2) or more limbs? <input type="radio"/> Yes <input type="radio"/> No	

### Please check the number of hours of assistance you need each day

<input type="radio"/> 2-3 hours per day from a personal attendant to assist with dressing, grooming, meal preparation, laundry, shopping, and eating.		
<input type="radio"/> 4-5 hours per day from a personal attendant to assist with transferring, bathing/ showering, range of motion exercises, transportation, food consumption, and assistance with bodily functions in addition to dressing, grooming, meal preparation, laundry, shopping, and eating.		
<input type="radio"/> more than 5 hours per day from a personal attendant to assist with tasks requiring skilled or medically sensitive services such as respirator and catheter care, suctioning, or overnight attention in addition to dressing, grooming, meal preparation, laundry, shopping, eating, transferring, bathing/showering, range of motion exercises, transportation, food consumption, and assistance with bodily functions.		
Total number of hours per week of personal assistance requested:		

How will your life change should you be accepted in this Personal Assistance Service Program? Please explain:

### Person's Verification

I understand that due to fiscal limits my name may be placed on a waiting list. I understand that if I am found to be eligible only to receive state (non-Medicaid) funding, that my monthly benefit amount may be constrained. I also understand that if my needs change or I feel my circumstances warrant a higher priority on the waiting list that I may petition the personal assistance specialist. I verify that the information I have provided in this application is true and accurate. I agree to comply with all program requirements and I agree to use funds only to purchase personal assistance services.

**Application for Physical Disabilities Services**

Primary physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Physician's Recommendation**

<p>Dear Physician: Your patient is applying for Personal Assistance Services through the Division of Services for People with Disabilities. Personal Assistance means: "Hands-on-care, of both an unskilled medical and non-medical supportive nature, specific to the needs of a medically stable, physically disabled individual." Please take a few minutes to complete this page. The information you provide will assist the Division staff in making a determination of whether your patient is eligible for service.</p>	
<p>In order to qualify for personal assistance services an individual must:</p> <p>(a) be capable of directing all aspects of his or her care, and</p> <p>(b) due to a functional loss of 2 or more limbs require the assistance of another person to accomplish activities of daily living (e.g., dressing; grooming; meal preparation, laundry, shopping, eating, transferring, bathing/showering, range of motion exercises, transportation, food consumption, assistance with bodily functions, respirator, catheter care, suctioning, or overnight attention).</p>	
<p>Name of patient: _____</p>	
<p>Patient's diagnosis: _____</p>	
<p>In my opinion the patient is capable of directing all aspects of his or her personal assistance services. <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain: _____</p>	
<p>Please indicate the extent of personal assistance you believe the patient requires:</p> <p>none. <input type="checkbox"/> 2-3 hours per day.</p>	
<p>The person has a functional loss of 2 or more limbs; this functional loss requires assistance of another person to accomplish activities of daily living.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p><b>Physician's Verification</b></p>	
<p>I certify that the information I have provided is true and correct to the best of my knowledge.</p>	
<p>Physician's Signature: _____</p>	<p>Date: _____</p>
<p>Comments: _____</p>	

rum DMSION OFFICE STAFF

STAMP DATE RECEIVED IN

Return Completed Form to:  
Division of Services for People With Disabilities  
attn: Personal Assistance Specialist  
120 North 200 West Rm 411

**Provision of Auxiliary Aids and Services at Institutions of Higher Education**

:

**Purpose:**

The purpose of this is to clarify policy regarding the provision of auxiliary aids and services at institutions of higher education. Effective July 1, 2001 this Case Service Memorandum will replace Case Service Memorandum 99-04: Auxiliary Aids and Services.

**Provision of Auxiliary Aids and Services at Institutions of Higher Education:**

Attached is a copy of the Utah State Office of Rehabilitation (USOR) Cooperative Agreement Between the Utah State System of Higher Education and Utah State Office of Rehabilitation. This agreement was developed by a joint task force and represents how we will work together. Beginning July 1, 2001, in accordance with federal law and as stated in the cooperative agreement:

“Utah’s state institutions of higher education shall provide and be fiscally responsible for appropriate auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in the benefits of any institution related program, service, or activity.”

Therefore, effective July 1, 2001, USOR will no longer be responsible for the purchase of auxiliary aids and services at institutions of higher education. It is expected that all appropriate staff will be trained on this cooperative agreement and will review and implement the agreement in their work with the Disability Resource Centers at the institutions of higher education in their areas.

**Cooperative Agreement  
Between the  
Utah State System of Higher Education  
and  
Utah State Office of Rehabilitation**

**I. Purpose**

In an effort to ensure that individuals with disabilities are provided an equal opportunity to participate in, and enjoy the benefits of, Utah's system of higher education, the Utah State Office of Rehabilitation (USOR) and the Utah State System of Higher Education (USHE) are entering into this cooperative agreement. This agreement will provide the guidelines by which USOR and USHE agree to work together in a cooperative and supportive manner.

**II. Coordination**

The coordination efforts described in this agreement refer to efforts between the USOR vocational rehabilitation program and Utah's public institutions of higher education Disability Services Offices (DSO).

A. Ad Hoc Liaison Committee

A Ad Hoc Liaison Committee shall be established to (1) monitor the implementation of the agreement; (2) monitor effectiveness of the agreement; (3) provide recommendations for amendments to the agreement when needed; (4) discuss issues that impact services to students with disabilities; and (5) coordinate cross training efforts. The committee shall consist of the co-chairs of the Utah Advisory Committee for Sign Language Interpreter Services, USOR case service administration, USOR liaison, and the DSO directors or their representatives.

B. Liaison

The USOR will designate a staff liaison for each institution of higher education DSO. In turn, each institution will designate a liaison to serve as a contact for the designated USOR liaison. The USOR liaison to each institution will meet with the institutional liaison at least quarterly. Meetings will be designed to assess the effectiveness of coordination efforts and communicate problem areas and best practices. Liaisons will report to their designated administrative staff concerning the effectiveness of the agreement as well as problems and best practices.

C. Referral Process

Referral of individuals to the DSO from USOR vocational rehabilitation counselors, and referral of individuals to USOR vocational rehabilitation from the

DSO advisor, will occur through the use of an approved referral form (see Attachment A).

D. Information Exchange

To enhance the provision of informed choice of the consumer, to avoid duplication of services, and to streamline delivery of needed services, USOR vocational rehabilitation counselors and DSO staff will exchange information and maintain open communication as appropriate for the individuals they are serving. When appropriate and possible, DSO staff and vocational rehabilitation counselors will exchange information according to applicable laws, regulations, and procedures concerning confidentiality at critical points of service provision. These points include but are not limited to:

- ◆ Educational goal planning.
- ◆ Evaluation.
- ◆ Consideration of needed services.
- ◆ Interruption of services.
- ◆ Need for change in services.

In addition, open communication shall occur concerning ongoing progress towards the consumer goal and consumer attendance.

E. Cross Training

The USOR and USHE shall cooperate in providing training that will assist USOR vocational rehabilitation counselors and DSO advisors in coordinating quality and timely services to students with disabilities. The Cooperative Agreement Advisory Committee will coordinate cross training efforts. Possible training topics may include policy and procedures, professional development, documentation, communication, legal issues, and services.

F. Projections of Need for Service

When feasible USOR vocational rehabilitation counselors shall provide institutions of higher education with an estimate of the number of vocational rehabilitation consumers who will need auxiliary aids and services during the upcoming semester. The estimate will be provided to the institution at least one month prior to the beginning of the semester. When possible, the types and level of auxiliary aids and services will be included in the estimate.

G. Dispute Resolution Process

Operational procedural disputes shall be resolved, when possible, by the USOR vocational rehabilitation counselor and the DSO advisor. The next level of dispute resolution shall be the USOR liaison and the DSO director. Disputes that cannot be resolved at that level will be channeled to USOR case service administrative staff and the institutions administrative staff.

### **III. Fiscal Responsibilities**

Utah's state institutions of higher education shall provide and be fiscally responsible for appropriate auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in the benefits of any institution related program, service, or activity.

The USOR will pay for tuition, books, and fees for eligible vocational rehabilitation clients authorized to attend institutions of higher education.

### **IV. Signatures**

---

Cecelia Foxley, USHE Commissioner

Date

---

Blaine Petersen, USOR Executive Director

Date

Attachment A

**REFERRAL FORMS**

**REFERRAL TO HIGHER EDUCATION DISABILITY SERVICE OFFICE**

CLIENT/STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

---

REFERRED TO:  
(Disability Service) (Institution)

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PURPOSE OF REFERRAL:**

- ☐ Orientation to Disability Services ☐ Eligibility for Disability Services  
☐ Accommodations and/or Services ☐ Assistive Technology Services  
☐ Assistance with other departments:  
☐ Admissions ☐ Registration ☐ Financial Aid ☐ Other:

COMMENTS: \_\_\_\_\_

---

REFERRED FROM:  
(USOR District/Office) (Address)

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

---

**PERMISSION TO DISCUSS INFORMATION:**

I, \_\_\_\_\_, authorize  
(Consumer) (USOR Counselor)  
to discuss pertinent information regarding this referral with:

(Name) (Institution)

I understand that all information will remain confidential and will be used to provide appropriate assistance or services. I also understand that this release can be changed or rescinded by me at any time. The release will be valid until \_\_\_\_\_.  
(Date)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_



**REFERRAL TO UTAH STATE OFFICE OF REHABILITATION SERVICES**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

---

REFERRED TO:  
(USOR District/Office)

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

PURPOSE OF REFERRAL (Specify):

Eligibility:

Evaluations:

Information:

Services:

Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

---

REFERRED FROM:  
(Disability Services) (Institution)

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

---

**PERMISSION TO DISCUSS INFORMATION:**

I, \_\_\_\_\_, authorize  
(Student) (Advisor)

to discuss pertinent information regarding this referral with:

(USOR Counselor) (USOR District/Office)

I understand that all information will remain confidential and will be used to provide appropriate assistance or services. I also understand that this release can be changed or rescinded by me at any time. The release will be valid until \_\_\_\_\_.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**Licensed Professional Counselor (LPC) - Approval for Purchase of Services.**

**Discontinue requirement for license number on authorizations.**

**1. Licensed Professional Counselor (LPC) - Approval for Purchase of Services**

A. Professional Counseling Services:

The purchase of Professional Counseling services from individuals holding a current valid license as a Licensed Professional Counselor (LPC) has been approved.

The approved fee is up to \$60.00 per hour. This is the currently approved fee for Licensed Clinical Social Worker (LCSW), Advanced Practice Registered Nurse (APRN), and Marriage and Family Therapist (M&FT). This fee and others are found in the Fee Guide Appendix to the Case Service Manual Chapter 12.

We will establish a new control code for this service. It will be number 219.

Guidelines as to number of sessions to be authorized, approval limits, etc. will be the same as those for the disciplines listed above.

We will evaluate the quality and effectiveness of services received from LPC's during the one year period. Counselors are requested to please keep notes and be prepared to provide comment and recommendations.

B. Diagnostic Evaluations for Eligibility Determination:

The purchase of diagnostic evaluations needed to determine eligibility is not approved from Licensed Professional Counselors.

**2. Discontinue requirement for license number on authorizations.**

We have discontinued the requirement that license numbers be included on authorizations to licensed providers of clinical and counseling services including Physicians, Psychologists, Licensed Clinical Social Workers, Advanced Practice Registered Nurses, Marriage and Family Therapists and Licensed Professional Counselors. The effective implementation date is immediately.

However, it is very important that counselors do continue to verify that such service providers are licensed. This provision was originally implemented because services were being purchased from unlicensed providers. Should that reoccur then the requirement may be reinstated.

To: All Staff  
From: Michael McDonald  
Subject: Vehicles and vehicle related assistive technology.  
Date: March 25, 1999  
Effective Date: Current

1. Purchase and installation, or participation in the purchase and installation, of vehicle related assistive technology including, but not limited to, van lifts and hand controls.

Purchase and installation, or participation in the purchase and installation, of vehicle related assistive technology including, but not limited to, van lifts and hand controls may be considered an appropriate VR expense. Up to the full cost of such devices, equipment, and installation may be considered. [34CFR 361.48(a)(18)]

2. Purchase of, or participation in the purchase of, a new or used vehicle intended solely for personal transportation.

Purchase of, or participation in the purchase of, a new or used vehicle intended solely for personal transportation, i.e., not intended primarily for use related to an approved Vocational Rehabilitation (VR) service, is not considered an appropriate VR expense. [34CFR 361.48(a)(8)]

3. Purchase of, or participation in the purchase of a new or used work-related vehicle intended primarily for use related to an approved VR service.

Purchase of, or participation in the purchase of, a new or used work-related vehicle such as a light or heavy duty truck, a delivery van, or other special purpose vehicle which is intended primarily for use related to an approved work-related VR service may be considered an appropriate VR expense when required as part of an IPE objective for an entrepreneurial enterprise, a self-proprietorship, hauling, delivery, or other specific work-related need. Up to the full cost of such a vehicle may be considered. [34CFR 361.48(a)(17)]

4. Participation in the purchase of a new or used vehicle intended primarily for personal transportation and with some intended use related to an approved VR service.

Participation in the purchase of a new or used vehicle intended primarily for personal transportation and with some intended use related to an approved VR service may be considered an appropriate VR expense for those transportation costs directly incurred as the result of the IPE objective related to the approved VR service. The amount of allowable expense would be calculated by determining, or estimating, the percentage of work-related mileage and mileage related to an approved VR service of the total annual mileage of the vehicle. An amount up to that percentage of the full cost of such a vehicle may be considered. For example, if it is determined or estimated that 25% of the mileage of a new or used vehicle will be for work-related use or use related to an approved VR service, then up to 25% of the purchase or rental cost of the vehicle may be considered.

For example:

A person is seeking to purchase a van that costs \$20,000. The anticipated VR related use of the van is for transportation to and from school under an approved VR IPE. The round trip mileage to school and back is 30 miles. The client goes to school 4 times per week and this is the only VR related use of the vehicle. The possible VR cost participation would be calculated as follows:

- a- 30 miles round trip times 4 trips per week = 120 miles per week
- b- 120 miles per week times 52 weeks per year = 6240 total miles VR related travel
- c- 6240 divided by 15,000 estimated annual miles = 41.6 or 42%
- d- 42% times \$20,000 = \$8400.

e- \$8400 is the amount of the cost of the vehicle, \$20,000, which VR could pay.

f- If the van is to be used for other VR IPE plan related activities, then the total mileage for all the activities would be used to calculate the percent use and total possible VR purchase participation.

g- When the actual total annual mileage use of a vehicle is unknown a standard estimate of 15,000 miles of total annual use will be used to calculate the appropriate percent use.

When a vehicle requires the installation of assistive technology, such as a van lift, then up to the full purchase and installation costs of the assistive technology may be provided in addition to the pro-rata amount for purchase. Therefore, when a new or used vehicle is purchased which is already equipped with assistive technology, such as a van lift, then the cost of that assistive technology may be provided in full. Cost participation in the remainder of the cost of the vehicle may then be pro-rated based on the determined or estimated percent of use of the vehicle in work related use or use related to an approved VR service.

For example, if a person purchases a used van that costs \$20,000 and is equipped with a van lift (assistive technology) with a current value of \$8000, then up to that full amount could be provided for the van lift. We could also provide, using the same mileage example as before, up to 42% of the remainder of the purchase cost of \$12,000 (\$20,000 minus the \$8000). That would be up to \$5040 more. So the total amount we could provide would be \$8000 plus \$5040 or up to \$13,040 total. [34CFR 361.48(a)(8)] [PL 103-569, SEC 17]

##### 5. Special considerations related to the purchase of, or participation in the purchase of, used vehicles or equipment.

Prior to purchase of, or participation in the purchase of, a used vehicle or other equipment an estimate of its value must be obtained from an expert source.

See Case Service Manual Chapter 12 for procedure. [CSM 12.4(E)(2)]

##### 6. Valid driver's license and proof of insurability.

Prior to purchase of, or participation in the purchase of, a vehicle the driver must provide a valid driver's license, or provide evidence from the Department of Motor Vehicles (DMV) that he or she is licensable, and show proof of insurability. This is a DMV requirement. [(UCA 53-3-206) (UCA 31A-22-303)]

##### 7. Safety

Known safety considerations must be examined and resolved prior to purchase of, or

participation in the purchase of, a vehicle or vehicle related assistive technology. These should be resolved either during the evaluation for purchase of, or participation in the purchase of a vehicle, the process of obtaining a valid drivers license, or the process of obtaining insurance.

8. Public or private transportation.

Other available and adequate public or private transportation options must be taken into consideration and utilized when appropriate.

## APPENDIX 13-M

### Interact Club Fee-For-Service

**Purpose:**

The purpose is to state the fee-for-service fee approved by the Utah State Office of Rehabilitation (USOR) for the purchase of services provided by the Educational Services Program operated by the Interact Club in Southeastern Utah.

**Fee-For-Service Approval:**

The Educational Services Program operated by the Interact Club has been approved for a fee-for-service. The approved fee-for-service fee is \$12.50 per hour. This amount may be authorized for in up to 40 hour increments. A maximum of 80 hours may be authorized at counselor level. The vendor agrees to bill for the services provided in 10 hour increments.

A. The total approved hourly rate:

\$12.50/hour.

**EFFECTIVE DATE:** This increase is effective March 1, 2002. It will remain in effect until further notice.

## APPENDIX 13-N

### **Brain Injury Association of Utah Return to Work Program Fee Approval**

**Purpose:**

The purpose is to issue the fee-for-service approved by the Utah State Office of Rehabilitation (USOR) for the purchase of services provided by the Brain Injury Association of Utah (BIAU) Return to Work program.

**Fee-For-Service Approval:**

The Return to Work program operated by the Brain Injury Association of Utah (BIAU) has been approved for a fee-for-service. The approved fee is the same as SJBT, \$30.00 per hour. At the new \$23.41 fee the cost for a client to participate in the BIA Return to Work will be \$5618.40.

A. The approved hourly rate:

\$30.00/hour.

**EFFECTIVE DATE:** This increase is effective 01-01-2003. It will remain in effect until further notice. Counselors may adjust authorizations to reflect the increase after that date.

## APPENDIX 13-O

### Southwest Mental Health Center Fee-For-Service Increase

**Purpose:**

The purpose is to update the fee-for-service fee for the Rural Employment Program operated by the Southwest Mental Health Center.

**Fee-For-Service Update:**

The Rural Employment Program operated by the Southwest Mental Health Center has been approved for a fee-for-service increase. The new approved fee-for-service is \$16.10 per hour. This amount is determined as follows:

A. The total approved hourly rate:

\$29.28/hour.

B. Grant contract pays 45% of the total approved hourly rate:

\$13.18/hour

**C. Counselors will authorize 55% of the total approved hourly rate as fee-for-service:**

**\$16.10/hour.**

The total authorization from the counselor is \$16.10/ hour. The grant contract pays the remaining 45% until the total fourth year amount available in the grant contract has been expended.

EFFECTIVE DATE: This increase is effective April 1, 2001, for the fourth (final) year of the grant contract.



## **Appendix 13-P**

### **GUIDELINES ON THE ADMINISTRATION OF PURCHASED PSYCHOLOGICAL EVALUATIONS AND THE EXPECTED CONTENT OF THE WRITTEN REPORTS**

**PSYCHOLOGICAL EVALUATION:** It is the expectation of this agency that all psychological testing requiring the test to actually be administered by a professional be done by the licensed psychologist to whom the authorization is issued. It is not acceptable for an Intern to administer such tests and have the psychologist sign off on them.

#### **Level II With Written Report:**

This is a complete psychological evaluation including all that is required in the Level I battery. It should include an evaluation of personality which might include: organization, adjustment and defense mechanisms, attitudes toward self and others, and areas of particular difficulty and adjustment. In this battery, projective techniques and other appropriate pertinent clinical tests are used to reveal the nature and extent of the client's problems. The Level II battery is comprehensive, and is used to evaluate and assess particularly difficult cases, especially those in which there are questions concerning the client's level of social, personal, behavioral and intellectual levels of functioning. It needs to include an appraisal of appropriate vocational directions for the client and recommendations for adjustment services.

Tests utilized in a Level II psychological evaluation should be the currently accepted test and include, at a minimum, the following.

A. An Intelligence test such as:

The Wechsler Adult Intelligence Scale – Revised (WAIS-R)

The WAIS – R measures intelligence by way of 6 verbal subtests (Information, Digit Span, Vocabulary, Arithmetic, Comprehension). And 5 performance subtests, (Picture Completion, Picture Arrangement, Block Design, Object Assembly and Digit Symbol).

This test is designed to obtain an estimate of a person's overall mental ability. And additionally, a large discrepancy between the verbal and performance IQ scores can be indicative of specific problems. The WAIS can be administered in approximately 75 minutes total time for all eleven subtests. Please note: There is a short form of the WAIS that can be administered in a shorter period of time, however for the Level II evaluation it is our expectation that the full test be administered.

The Stanford Binet intelligence scale – Fourth Edition

This test was designed to test from age 2 to adulthood. It consists of fifteen tests: three to for tests in the broader categories of Verbal Reasoning, Quantitative Reasoning and Abstract reasoning with an additional four short term memory tests. Testing time is approximately 75 minutes. Again it is the expectation that the full test be administered.

B. A Personality Test, such as:

1. The Minnesota Multiphasic Personality Inventory – MMPI-2

The MMPI was designed to assess personality characteristics indicative of psychological abnormality.

There are 550 Statements on the inventory that can be answered – Yes, No, or Cannot Say. There are nine scales. This test takes some time to complete, but does not have to be administered/supervised by the psychologist.

2. The California Psychological Inventory

This test also is designed to assess personality characteristics, however in comparison with the MMPI, it also measures strengths as well as identifying psychological abnormalities. This test can also be completed without being supervised by the psychologist.

C. Vocational Interest Survey, such as;

1. The Strong Interest Inventory
2. Jackson Vocational Interest Survey

As indicated by their names, these inventories measure interests. This can be a valuable asset in doing vocational counseling if it is remembered that Interest does not equal Ability.

D. Other psychometric tests as deemed necessary by the psychologist in order to provide a diagnosis, full picture of the persons mental health, or to answer questions put to her/him by the referring VR counselor.

E. A clinical interview conducted to obtain data necessary to make an appropriate assessment of the counselor's referral questions.

## **LEVEL I PSYCHOLOGICAL EVALUATION:**

### **Level I with Written Report**

This battery includes one or more individualized standard intelligence tests, with interpretive judgments as to academic aptitudes, as well as vocational aptitudes and interests and one or more tests for organic deficiency, when indicated.

The level I battery includes written reports on tests and evaluations of:

- (a) Intellectual level of functioning
- (b) Specific impairments (such as deficits from organic brain damage).

- (c) Areas of exceptional ability
- (d) Potential for academic achievement that includes recommendations for accommodations that would help the client to succeed in work/training.
- (e) Vocational potential that includes recommendations for accommodations that would help the client succeed in employment.

The Level I evaluation includes an assessment of intellectual functioning **OR** personality/psychosocial adjustment. The test included for a Level I intellectual assessment are the same as the tests included in a Level II assessment **except for** the Personality testing i.e. the MMPI or equivalent. In addition to standardized scores, the client's functional limitations in reading, writing, and understanding during testing are used as sources of information for the assessment of intellectual ability. Testing specific to learning disabilities can also be done including the Woodcock-Johnson for example.

The tests included for a Level I personality assessment are the same as the Level II **except for** the intelligence testing i.e. the WAIS-R or its equivalent. Additionally, if a client has been seen for psychotherapy sessions, clinical impressions from these sessions are included in the assessment of personality adjustment.

## **F. POLICIES REGARDING PSYCHOLOGICAL EVALUATION REPORTS**

### **1. Content**

The psychological evaluation report should contain the following information:

- (a) The type of psychological evaluation conducted; name of client, referring counselor, and psychologist; method and dates of assessment; and date of report;
- (b) The limits of confidentiality regarding its use;
- (c) Relevant background on the client, including test taking behavior;
- (d) Information regarding performance in the various assessment procedures used (i.e., WAIS-R Full Scale, Verbal, and Performance IQs; interpretation of MMPI validity and clinical profiles; and diagnostic information from the clinical interview);
- (e) Integration of the information obtained to support a diagnostic determination of the functions being evaluated (i.e., intellectual ability, personality adjustment, or learning disability) following a strategy of convergent validity where recommendations and decisions about the client are made on the basis of the client's total performance and background and not on the basis

of a single test or subtest score;

(f) Explicit recommendations to counselors relative to their referral question and to client eligibility for rehabilitation services with specific implications for psychological treatment, vocational or educational training, and employment assistance.

Referral questions from the counselor may include questions and/or information regarding things that the counselor has observed in meeting with the client that are of concern. Please remember some psychologists prefer to know nothing about the client before the evaluation. This should be discussed with each psychologist.

(g) A summary section which includes formal diagnoses on all five DSM-IV-R axis and a listing of functional limitations and strengths as well as a concise statement of recommendations for future action with the client.